

We've made choosing and understanding your Medicare Advantage plan easier than ever.

From this moment on, Medicare is everything you've always wished it could be. Finally, you've got a Medicare Advantage plan that's easy to understand, easy to use and best of all, it's from the company that's been known and trusted by millions of Americans for more than 60 years¹. Welcome to Anthem Blue Cross and Blue Shield.

We know that Medicare, with all its "Parts," can get somewhat confusing. On top of that, when it comes time to choose a Medicare Advantage plan that's right for you, the possibilities can seem endless. Anthem can help. Everything you need to know is right here in your hands. Let's start with what you may be thinking and what a lot of people are asking...

What's a Medicare Advantage plan?

That's the perfect place to start. There was a time when a person who was eligible for Medicare had only one choice and that was Original Medicare through the government agency — Centers for Medicare & Medicaid Services (CMS). Now, CMS has allowed private insurers such as Anthem to administer all your Medicare benefits. This is a Medicare Advantage plan.

What's the Advantage?

You're getting premier programs, services and savings that Original Medicare just doesn't offer. And with Anthem, first and foremost, you've got a strong health care benefit advocate that's in your corner every single day. Take a look at some of the key advantages you'll get with Anthem:

- *You pay \$0 for routine physical exams, screenings and other Medicare-covered preventive services!*
You can see your doctors for routine physical exams, bone mass measurements, colorectal screenings, mammograms, breast exams, and pap/

pelvic and prostate screenings — and there is no copayment for these services.

- *Convenience.*
You have one plan that takes care of everything. It's all here, so you won't have to worry about all the collective Parts. You've got one plan, one card and one company taking care of everything.
- *Preventive care and wellness.*
We're concentrating on keeping you healthy. That's why, as part of your plan, you have access to top-of-the-line preventive care programs, wellness information, and case management and care coordination services, all designed to help you achieve the most optimal health outcomes and encourage and reward you for taking good care of your health.

What's the main difference between Anthem's Medicare Advantage plans and Original Medicare?

That's a great question. Original Medicare covers medical and hospital costs, and your Summary of Benefits will show you how Original Medicare works and the difference in what you pay compared to our plan.

With Anthem, you're getting a full plan with access to more benefits, more savings (lower medical and prescription drug out-of-pocket costs), and access to premier hospitals and doctors. And, as a SmartValue member, you can take advantage of our extensive inventory of industry-leading programs, services and online tools.

You can be confident in your decision.

We want our members to breathe easy, knowing they're in good hands. When you're with Anthem, you're getting more than 60 years of trust and experience. And today we belong to a family of companies that serves millions of Americans across the country.¹ That's true peace of mind.

¹ *anthem.com*

How your SmartValue plan works.

SmartValue plans are Medicare Advantage Private Fee-for-Service plans that allow you to go to virtually any doctor...just as long as that doctor accepts Medicare and the terms and conditions of this plan. There's no set provider network, so it's not like a typical HMO or PPO.

Also, if you find a doctor you love you can stick with him/her. Just make sure that doctor accepts Medicare and the terms and conditions of our plan. Then you won't have to worry about going in or out of a network.

There are several plans to choose from, so one is sure to fit your budget. And unlike Original Medicare, all our plans have co-pays for most benefits so you'll be better equipped to manage your costs because you'll know ahead of time what your costs will be.

There are differences between a Medicare Advantage private fee-for-service plan and a Medicare supplement plan.

A Medicare Advantage Private Fee-for-Service plan works differently from a Medicare supplement plan. Your doctor or hospital is not required to agree to accept the plan's terms and conditions, and thus he/she may choose not to treat you, with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may choose not to provide health care services to you, except in emergencies. Providers can find the plan's terms and conditions on our website at: anthem.com.

Plans at a glance.

	Original Medicare	SmartValue Classic
Premium	You pay the Medicare Part B premium of \$96.40* each month.	\$0 monthly plan premium in addition to your monthly Medicare Part B premium.
Primary Care Copay	20% coinsurance.	\$15 copay for each primary care doctor visit for Medicare-covered services.
Specialist Copay	20% coinsurance.	\$25 copay for each specialist visit for Medicare-covered benefits.
Inpatient Hospital	Days 1-60: an initial deductible of \$1024 Days 61-90: \$256 per day Days 91-150: \$512 per day.	Days 1-5: \$200 copay per day Days 6-90: \$0 copay per day \$0 copay for additional hospital days.

* The amount is for 2008 and will change for 2009.

With SmartValue you're also covered for routine vision. Some of our plans even offer routine dental and routine hearing benefits, something that Original Medicare alone doesn't cover.

In addition, all Medicare-covered preventive benefits have a \$0 copayment. That means you have no copayments for routine physical exams, bone mass measurement, colorectal screening, mammogram, breast exam, pap/pelvic and prostate screening.

And our plans are designed to protect you with out-of-pocket dollar maximums so you'll never have to worry about exhaustive costs. See your Summary of Benefits for more details.

We treat you like one of the family, because you are.

Anthem has provided families and businesses with access to top-quality, affordable health insurance for more than 60 years. And together with our affiliates, we serve more than 34 million members. When you join Anthem, you're becoming part of one of the most recognized names in health care coverage. And we make sure you're treated with the recognition you deserve.

If you've got special medical needs, we're right by your side with Custom Care Connection.

Custom Care Connection is our special program for members who have complex medical issues that need addressing. By moving beyond traditional ways of helping members manage their health, this program combines the best of technology with the best in human connections.

It's simple — our focus is on you, not just your medical conditions. We'll get to know you and your goals and then help customize a Care Plan for you that includes respecting your wishes, culture and background. Your Custom Care Connection nurse manager will help coordinate your care and help you understand elements of your health, including coverage and medications, and will help you understand your coverage as well as provide educational information designed to help you make health care decisions as needed.

The products and services described below are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the plan's grievance process.

Discounts and savings for you and your family members.

We can help you save on generic and brand-name prescription drugs.

When you're a member of SmartValue, you can save money on brand-name and generic drugs by participating in our new prescription savings program. This program can also be used by household members who don't have SmartValue, so they too can save on any brand-name and generic prescriptions with no limit to the amount of use.

You'll be able to find these great discounts practically anywhere through our network of more than 53,000 participating pharmacies across the country, including chain, independent and retail pharmacies. In fact, your current pharmacy is most likely part of our prescription savings program pharmacy network.

You can enjoy special savings and discounts that support a healthy lifestyle through SpecialOffersSM.

We want to give you every opportunity to be as healthy as possible. That's why we're making discounts available to you directly from providers of alternative medicine therapies and health products that are not covered under your health plan.

Through SpecialOffers you can take a more active approach to your health care. Take a look at some of the types of services and savings you can take advantage of:

Allergy Relief Products – Save 15 percent on mattress encasings, air filtration products, compressors and other products that can help relieve your allergy, asthma and sinus symptoms through National Allergy Supply.

Self-help Programs – Help yourself to a 30 percent discount on smoking cessation, stress management, alcohol management and other self-help programs through Self Help Works.

Medical ID Bracelets – Save 10 percent on medical ID bracelets that combine safety with style, and get free shipping.

LASIK Laser Vision Correction – Pay just \$749 to \$950 per eye or get a 15 to 20 percent discount on contact lenses with TruVisionTM.

Jenny Craig[®] – Join and receive a free 30-day trial, 50 percent off the On Track program and 20 percent off the Jenny Rewards program.

Weight Watchers[®] – Take \$10 off a three-month subscription to Weight Watchers online and take \$10 off the at-home kits.

Alternative Service Providers – Get discounts on services from acupuncturists, massage therapists, nutritional counselors and more through American Specialty Health NetworksTM.

Health Products and Services – Save on thousands of health and wellness products, including vitamins, herbal supplements, homeopathic remedies, sports nutrition products, health-related books and videos, yoga aids, skin-care items, and more.

Barnes and Noble – Browse barnesandnoble.com, an online bookstore of selected health and wellness titles, and save 5 percent on your order.

drugstore.com – Save 5 percent on health, beauty, wellness and personal care products, and receive free shipping on orders of \$49 or more on products that can make a difference in your daily life.

HearPO – Get a 40 percent discount on audiology services, testing and hearing aids.

EyeMed – Up to 30 percent discount on eyeglasses, 25 percent discount off non-prescription sunglasses, and low prices on exams.

For specific information on all of these offers, you can go to our website or call the number on the back of your ID card.

Vendors and offers are subject to change without prior notice. Anthem does not endorse and is not responsible for the products, services or information provided by the SpecialOffers vendors. Arrangements and discounts were negotiated between each vendor and us for the benefit of our members.

Need a hand? Just give us a call. We're here to help.

- Call your local agent or an Anthem representative at 1-800-916-2583 (TTY/TDD: 1-800-241-6894) 8 a.m. - 8 p.m., 7 days a week.
- Visit us online at anthem.com
- Or for basic questions about how Medicare works, you can also call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY/TDD users can call 1-877-486-2048, 24 hours a day, 7 days a week.

Questions & Answers

You can count on us to answer your questions.

We're glad that we can help. Here are some frequently asked questions that we've received from our members. We hope they'll answer some of yours.

What happens after my application is received?

1. Shortly after we receive your application, we will send you a letter confirming receipt. The letter will include your proposed effective date. You may use the letter as proof of membership until your member identification (ID) card arrives.
2. We will send your application to the Centers for Medicare & Medicaid Services (CMS) for approval.
3. When approved you will receive a welcome letter confirming your effective date with us. You will also receive your membership contract, called the Evidence of Coverage, your member identification (ID) card and other new member materials.

When can I change Medicare plans?

The Medicare program limits when and how often you can change the way you get Medicare or switch health plans. Switching from one plan to another plan counts as making a change.

Annual Coordinated Election Period (AEP)

From November 15 through December 31, anyone with Medicare will have an opportunity to switch from one way of receiving Medicare to another.

Open Enrollment Period (OEP)

From January 1 until March 31, Medicare Advantage eligible individuals may make one enrollment request. However, you are limited in the type of plan you can join. You can't join or leave Medicare prescription drug coverage at this time. For example, if you have a Medicare Advantage plan with prescription drug coverage, you can only choose to join another Medicare Advantage plan that offers Medicare prescription drug coverage, or choose to return to the Original Medicare Plan and join a Medicare prescription drug plan. If you don't have Medicare prescription drug coverage, you can't use this chance to get it.

Generally, you can't make any other changes during the year unless you meet special exceptions, such as if you move or if you have Medicaid coverage. Under certain circumstances, you will be able to enroll in or change your Medicare Advantage plan outside of the standard enrollment periods. The length of your Special Enrollment Period (SEP) and when your new coverage starts will vary. The plan, and in some cases, the Center for Medicare & Medicaid Services (CMS), will determine whether an SEP applies to you. Later in the year, from November 15 to December 31, anyone with Medicare can switch his or her way of getting Medicare for the following year.



What if I choose not to enroll in Part D with my plan?

Simply select SmartValue, which provides the benefits of our plans without the Medicare Part D Prescription Drug Benefit. If you do not enroll in a plan that includes Part D coverage and wish to do so later, you may be required to wait until the next Annual Coordinated Election Period.

Can I go back to Original Medicare and get a Medicare supplement (Medigap) policy?

Yes, but keep in mind that you can join or leave a plan at certain times during the year.

What if there is a change between Anthem and Medicare?

Anthem renews its contract with Medicare (the federal government) each year on January 1. Premiums and benefits may change at that time, but not during the year unless the change is to your advantage. In addition, the plan may reduce its service area and no longer offer services in the area where the beneficiary resides. If we do not renew our contract we'll tell you at least 90 days in advance. You may then switch to a standard Medigap plan (A, B, C, or F) that won't deny coverage because of a pre-existing condition. It will normally go into effect the day after your Medicare Advantage membership ends.

What if I have a complaint or don't agree with a decision regarding my coverage?

We will do our best to give you all the information you need and listen to your concerns. That's why we have both appeals and grievance procedures. We review complaints about quality of care (grievances) within 30 days. Issues about payment for services (appeals) will be addressed within 60 days. If the appeal is for a denied service, the reconsideration decision must be made no later than 30 days after receipt. However, if your health is at stake, we are required to respond to the appeal within 72 hours.

Did you know?

If you use network pharmacies, you can minimize your out-of-pocket expenses.

Remember, you can call us with your questions anytime.

1-800-916-2583 and 1-800-241-6894 (TTY/TDD), both available 8:00 a.m. – 8:00 p.m., 7 days a week. Or contact us at anthem.com, 24/7. Or, call your local agent.

Glossary

Understanding the language of your plan.

Here is a list of common words and terms and their definitions that are associated with your Medicare Advantage plan.

Annual Coordinated Election Period

The period between November 15 and December 31 when any Medicare beneficiary can enroll in a Medicare Advantage plan or Medicare Advantage prescription drug plan.

Centers for Medicare & Medicaid Services (CMS)

The federal agency that runs the Medicare program.

Copayment

The fee you pay at the time of service, in accordance with the terms of your coverage.

Formulary

A list of prescription drugs that have been reviewed and selected for medical and cost-effectiveness. Includes brand-name and generic drugs, all of which are FDA (Food and Drug Administration) approved.

Deductible

Dollar amount that an insured person must pay each year before an insurance company's own coverage plan begins.

Exclusions

Specific conditions or circumstances that are not covered under your benefit agreement. It is very important to consult your benefit contract to understand what services are not covered.

Medicaid

A joint federal/state medical assistance program established by the Social Security Act for those who meet the income requirement. As a Medicare beneficiary, you may also be eligible for Medicaid. Medicaid can cover all or part of your Medicare premiums and/or deductibles and coinsurance. If you think you qualify, you should inquire about Medicaid and related programs by calling your state Medicaid agency.

Medicare

Medicare (also called "Original" Medicare, "traditional" Medicare or "fee-for-service" Medicare) is a federal insurance program for people age 65 and older and certain disabled people, and is available everywhere in the U.S. It is the national pay-per-visit program that lets you go to any doctor, hospital or health care provider who accepts Medicare. Medicare pays its share of the Medicare-approved amount and you pay your share. You must pay the deductible.

Medicare Part A

This is Medicare's hospital insurance program. It helps pay for inpatient hospital care, skilled nursing care following a hospital stay, home health care and hospice care. Part A is financed in part by the Social Security payroll withholding tax and the Self-Employment tax. If you qualify for benefits under the Social Security or Railroad Retirement systems or through government employment, you also qualify for premium-free Part A benefits.

Medicare Part B

This is Medicare's optional supplementary medical insurance that requires a monthly premium. It covers physician services in hospital and non-hospital settings, and services furnished by certain non-physician practitioners. Coverage also includes lab testing, durable medical equipment, diagnostic tests, ambulance services, prescription drugs that can't be self-administered, some self-administered anticancer drugs, and other therapies. Health services and blood services not covered by Medicare Part A.

Medicare Part C

The program that offers Medicare beneficiaries the option of enrolling in a managed care plan to receive their Medicare benefits (both medical and drug coverage). The program replaces the Medicare + Choice (M+C) program under Part C in Medicare.

Open Enrollment Period

A limited time period when enrollment applications for coverage or changes in your coverage may be made. For 2009, the open enrollment period is January 1 to March 31.

Provider

The general term used for doctors, other health care professionals, hospitals and other health care facilities that are licensed or certified by the state to provide health care services.

Primary Care Physician (PCP)

The health care professional you select to provide your routine medical care. Your PCP also coordinates other covered services you receive as a plan member, including referrals to specialists, laboratory tests, x-rays, prescription medications, hospital admissions and follow-up care. Using a PCP helps control out-of-pocket medical costs. All members of HMO plans must choose a PCP, who may be a family practitioner, general practitioner or an internist.

Service area

A CMS-approved geographic area where you may enroll in a Medicare Advantage plan. You must receive most care from network providers within this area. This does not apply to emergency care and urgently required care.

* anthem.com

Si usted necesita asistencia en español para poder entender este documento, podrá requerirla sin costo alguno llamándonos gratis al número telefónico que se muestra en este material.

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You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party. The person who is discussing plan options with you is either employed by or contracted with Anthem Blue Cross and Blue Shield. The person may be compensated based on your enrollment in a plan.

Anthem Insurance Companies, Inc (AICI) is the legal entity who has contracted with the Centers for Medicare and Medicaid Services (CMS) to offer the Private Fee for Service plan(s) (PFFS) noted above or herein. AICI is the risk bearing entity licensed under applicable state law to offer the PFFS plan(s) noted. AICI has retained the services of its related companies and the authorized agents/ brokers/ producers to provide administrative services and/or to make the PFFS plan(s) available in this region.

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